

* CLAIMS ONLY						Application Number <div style="font-size: 1.5em; font-family: cursive;">10/5/1297</div>		Filing Date	
						Applicant(s)			
* May be used for additional claims or amendments									

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	2											
Total Depend	1											
Total Claims	3											

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